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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 **CLAIMS AS FILED - PART I** OTHER THAN SMALL ENTRY OR SMALL ENTITY (Column 1) (Column 2) NUMBER FILED NUMBER EXTRA RATE FEE RATE FEE BASIC FEE (37 CFR 1.16(2)) OR TOTAL CLAIMS (37 CFR 1.16(c)) OR INDEPENDENT CLAIMS (37 CFR 1.16(b)) OR MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR TOTAL \* If the difference in column 1 is less than zero, enter "0" in column 2. OR TOTAL CLAIMS AS AMENDED - PART II OTHER THAN OR (Column 1) (Column 2) (Column 3) SMALL ENTITY SMALL ENTITY CLAIMS HIGHEST PRESENT REMAINING NUMBER RATE ADOI-RATE ADDI-**EXTRA** ENT AFTER **PREVIOUSLY** TIONAL TIONAL AMENDMENT PAID FOR HFEE. Total\_\_\_\_\_\_\_Total\_\_\_\_\_ Minus\_ MON ũ OΩ EIRST INESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1,1Gd) OR TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST m PRESENT REMAINING NUMBER ADOI-RATE ADDI-AFTER PREVIOUSLY EXTRA LIONAL COMENT TIONAL AMENDMENT PAID FOR FEE FEE: (37 CFR 1 15(c)) OR Minus ίũ OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1 16(d)) OR JATOT TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST REMAINING PRESENT NUMBER SATE 4004 BATE +OO+ AFTER PREVIOUSLY EXIRA I OHAL THOMAL: AMENDMENT PAIDFOR FEE **FEE** Minus Total ENDM (37 CFR 1 16(c)) OR: Independent (37 CFR 1 16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (27 CFR 1 16(d)) OR IOIAL TOTAL ADD'L FEE OR ADD L FEE \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3 "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20" "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete. including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PATENT APPLICATION FEE DETERMINATION RECORD Effective December 29, 1999													
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL E		OR	OTHER SMALL	
FOR			NUMBER FILED		1	NUMBER EXTRA			RATE	FEE		RATE	FEE
BASIC FEE									e e	345.00	OR	والمراجع المراجع	690.00
TOTAL CLAIMS			24 minus 20=			· 4			X\$ 9=		OR	X\$18=	12
INDEPENDENT CLAIMS			a minus 3 =			= '			X39=		OR	X78=	-
MULTIPLE DEPENDENT CLAIM PRESENT								+130=		OR	+260=		
* If the difference in column 1 is less than zero, enter "0" in column 2							•	TOTAL		OR	TOTAL	162	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)									SMALL	ENTITY	OR	OTHER SMALL	
AMENDMENT A		CLAIM REMAIN AFTE AMENDM	IS ING R		PRE	GHEST UMBER EVIOUSLY ND FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 24		Minus	.0	24		H	X\$ 9=		OR	X\$18=	
	independent	· 2		Minus :	***	5	]=		X39=		OR	X78=	
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							1	+130=		OR	+260=	
·									TOTAL ADDIT, FEE		OR	TOTAL ADDIT, FEE	
		(Colum	ın 1\		(C	olumn 2)	(Column 3)	•	ADDIT. PEET			ADDI1.1 EE	
AMENDMENT B		CLAIM REMAIN AFTE AMENDI	AS NING Br		H N PR	IGHEST IUMBER EVIOUSLY ALD FOR	-PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	.20	1	Minus		24	= .		X\$- <del>9</del> =	—	OR	X\$18=	
	Independent	. 2	)	Minus		3-			X39=		OR	X78=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							•	+130=		OR	+260=	
TOTAL ADDIT. FEE											OR	TOTAL ADDIT. FEE	
		(Colum	ın. 1)		(C	olumn 2)	(Column 3)					•	
AMENDMENT C		CLAII REMAII AFTE AMENDI	VIS VING R		PR	IIGHEST IUMBER EVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•		Minus	••		=		X\$ 9= ·		OR	X\$18=	
	Independent	•		Minus	***		=		X39=		OR	X78=	
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										•		
				L		- ــــــ محم ـــــــــــــــــــــــــــ	olume 2		+130=		OR	+260=	
* If the entry in column 1 is less than the entry in column 2, write "o" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***ORTHORNOODER TO THE THIRD SPACE IS LESS THAN 3, ENTER "3."											OR	ADDIT. FEE	
"	If the Highest No The Highest Nor	umber Previo	ously Pausly Pa	aid For" (NTH id For" (Total o	r Indep	CE IS less to pendent) is ti	nan 3, enter "3." ne highest numb	er fo	ınd in the ap	propriate bo	x in c	dumn 1.	

FORM PTO-875 (Rev. 12/99) Application or Docket Number